

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 13 PM 2:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A27785

1. Name of Limited Partnership

Hasselt Properties, Ltd

2. Principal Office Address - No P.O. Box #

500 S. Florida Ave

Suite, Apt. #, etc.

Suite 700

City & State

Lakeland, FL

Zip

33801

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E039 (1/07)

**4. Date Formed or Registered
To Do Business in Florida**

5. FEI Number

59301057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Mr Farland, Peter A

Street Address (P.O. Box Number is Not Acceptable)

500 S Florida Ave

Suite, Apt. #, Etc.

Suite 715

City

Lakeland

State

FL

Zip Code

33801

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

[Signature]
(REGISTERED AGENT MUST SIGN)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
<u>Century Realty Funds INC</u>	<u>500 S. Florida Ave Suite 700</u>	<u>Lakeland, FL 33801</u>	<u>616872</u>
			<u>000104570670</u> 06/19/07--01063--003 **3008.75
			REINSTATEMENT <u>05-07</u>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

ASST

DATE

5-1-07

Typed or Printed Name of General Partner Signing Form

BRIDGET Ebdrup, Sec.

Telephone Number

863-647-1581